

# General Information

## Taxpayer

## Spouse

First Name . . . . .  
 Middle Initial . . . . .  
 Last Name . . . . .  
 Suffix . . . . .  
 Social Security Number . . . . .  
 Date of Birth . . . . .

XXX-XX-XXXX

Check ("X") which phone number to list on return.

Work Phone . . . . .  
 Home Phone . . . . .  
 Cell Phone . . . . .  
 Fax Number . . . . .

Legally Blind . . . . .  
 Totally Disabled . . . . .  
 Claimed as a Dependent . . . . .  
 Presidential Election Fund (\$3) . . . . .

Occupation . . . . .  
 E-mail address . . . . .

State of Residence as of 12/31 . . . . .  
 County of Residence as of 12/31 . . . . .  
 School District as of 12/31 . . . . .

If Part Year, Period of Residency . . . . . to . . . . .

to

## Filing Status

Status on 2007 return :

Status as of 12/31/2008 :  
 Enter ("X") in the box

- 1 Single
- 2 Married filing joint
- 3 Married filing separately  
(Enter spouse's name and SSN above)
- 4 Head of Household Non-dependent name: \_\_\_\_\_  
 Non-dependent SSN: \_\_\_\_\_
- 5 Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

## Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

# TAX ORGANIZER

Dear Clients,

Enclosed is your Tax Organizer for tax year 2008.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$35 for each \$100 in deductible expenses you find in your 2008 records.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the **General Business and Investment** questions, please provide detailed information with your answer.

We have scheduled your appointment for:

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give us a call.

Sincerely,

Natalie Berman CPA  
NBAC Corp  
P O Box 1010  
Washington Grove, MD 20880  
301-977-0090  
nberman@nbaccorp.com

**Questions**

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

**Basic Information**

**Yes No**

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Did your marital status change since last year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Are there any changes in your dependents from last year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you have any children under 19 (or 24 if a full time student) who received more than \$850 in investment income? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Are all your dependents either US residents or citizens?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you provide over half of the support for someone you aren't claiming as a dependent?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Were either you or your spouse in the military or National Guard?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you purchase or sell your principal residence?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?     |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Were there any changes to a prior year's income, deductions, or credits?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make gifts of more than \$12,000 to any one person?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you file Form 8839, Adoption Credit, in a previous year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did your purchase any special fuels for non-highway use?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Do you want to e-file your return?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | If you have a refund, do you want direct deposit, bank product, or applied to next year's taxes?                     |

If you are due a refund, how do you want to receive it?

- Direct deposit (please provide a voided blank check)
- Check sent to you in the mail
- Instant refund (IRAL)
- Other quick refund via a bank product
- Apply to next year's estimates

If you owe taxes, how do you want to pay them?

- Paper check sent with my return
- Direct debit from my bank account (please provide a voided blank check)
- Credit card

**Income**

**Yes No**

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you have an interest in or signature authority over a financial account in a foreign country?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 | Were you the grantor of or transferor to a foreign trust?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 | Did you receive income from a foreign source or pay taxes to a foreign government?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 | Did you barter your services for goods or services from someone else?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 20 | Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 21 | Did you make a loan to someone at an interest rate below market rate?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 22 | Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 23 | Did you cash in any U.S. savings bonds?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 24 | Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 25 | Did you itemize your deductions in a previous year and receive a state or local refund, or a refund of any other deduction you itemized, in 2008? (If yes, attach Form 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 26 | Did you receive disability income?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 27 | Do you have gambling winnings? (If yes, be sure to include in gambling expenses)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 28 | Did you receive any unemployment benefits?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 29 | During 2008, did you receive payments from a Long-Term Care insurance contract?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 30 | Did you receive employer-provided adoption benefits for a previous year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 31 | Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 32 | Did you "roll over" a retirement plan distribution into another plan?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 33 | Did you receive Social Security benefits?  |

**Questions (Cont.)**

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 34 Did you convert a traditional IRA to a Roth IRA?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 35 Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 36 Do you have any short sales, commodity sales, or straddles?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 37 Did you receive Form 2439?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 38 Did you buy or sell any bonds?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 39 Did you receive stock from a stock bonus plan with your employer?             |
| <input type="checkbox"/> | <input type="checkbox"/> | 40 Did you sell any other personal assets at a gain?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 41 Did you sell any real estate (other than your home) during the year?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 42 Did you sell any assets using the installment method?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 43 Did you receive proceeds from a prior year installment sale?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 44 Did you purchase a rental property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 45 Did you exchange any property for other property?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 46 Did you receive any income not reported in this Organizer?                    |

**Business and Rental Property Income**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 47 If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 48 Did you start or acquire a new business?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 49 Did you sell any part of an existing business, or sell business assets?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 50 Did you cease operating any business or rental property?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 51 Did you remove any of your business assets for personal use?              |

**Business and Rental Property Deductions**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 52 Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 53 Did you make any contributions to a Keogh or a self-employed SEP plan for 2008?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 54 Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 55 If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 56 Did you purchase any furniture or equipment for your business?                                      |

**Other Deductions**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 57 Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 58 Did you make any contributions to HSA (Health Savings Account) in 2008?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | 59 Did you use your car on the job (other than to and from work)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 60 Did you work out of town for part of the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 61 Did you incur any travel and entertainment expenses for business purposes?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 62 Did you pay expenses for the care of your child or other dependent so you could work?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 63 Did you lose property or have damage to a property due to a casualty, theft, or condemnation?         |
| <input type="checkbox"/> | <input type="checkbox"/> | 64 Did any security become worthless during 2008?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 65 Did any debts become uncollectible during 2008?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 66 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2008?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 67 Did you contribute less than an entire interest in any property to charity?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 68 Did you refinance a mortgage or take out a home equity loan during 2008?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 69 Did you incur moving expenses during the year due to a change of employment?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 70 Did you pay any educational tuition or fees for you or a dependent?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 71 Did you pay any student loan interest?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 72 Did you make any federal or state estimated payments?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 73 Did you make any energy efficient improvements to your main home in 2008?                             |







Name \_\_\_\_\_

SSN XXX-XX-XXXX \_\_\_\_\_

### Wages and Retirement Income

#### W-2 Information

Enter "X"  
if spouse

W-2	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1 .....				
<input type="checkbox"/>	2 .....				
<input type="checkbox"/>	3 .....				
<input type="checkbox"/>	4 .....				
<input type="checkbox"/>	5 .....				
<input type="checkbox"/>	6 .....				
<input type="checkbox"/>	7 .....				
<input type="checkbox"/>	8 .....				
<input type="checkbox"/>	9 .....				
<input type="checkbox"/>	10 .....				
<input type="checkbox"/>	11 .....				
<input type="checkbox"/>	12 .....				
<input type="checkbox"/>	13 .....				
<input type="checkbox"/>	14 .....				
<input type="checkbox"/>	15 .....				

#### 1099-R Information

	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 12a State Distribution	Box 10a State Income Tax Withheld
<input type="checkbox"/>	1 .....				
<input type="checkbox"/>	2 .....				
<input type="checkbox"/>	3 .....				
<input type="checkbox"/>	4 .....				
<input type="checkbox"/>	5 .....				
<input type="checkbox"/>	6 .....				
<input type="checkbox"/>	7 .....				
<input type="checkbox"/>	8 .....				
<input type="checkbox"/>	9 .....				
<input type="checkbox"/>	10 .....				
<input type="checkbox"/>	11 .....				
<input type="checkbox"/>	12 .....				
<input type="checkbox"/>	13 .....				
<input type="checkbox"/>	14 .....				
<input type="checkbox"/>	15 .....				

Name \_\_\_\_\_

SSN XXX-XX-XXXX

**Interest Income**

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					

**Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					

Name \_\_\_\_\_

SSN XXX-XX-XXXX \_\_\_\_\_

### Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

\*F/S/J Payer

			Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest		
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	
	1	1							
	2	2							
	3	3							
	4	4							
	5	5							
	6	6							
	7	7							
	8	8							
	9	9							
	10	10							
	11	11							
	12	12							
	13	13							
	14	14							
	15	15							
	16	16							
	17	17							
	18	18							
	19	19							
	20	20							
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	22	22							
	23	23							
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	25	25							
	26	26							
	27	27							
	28	28							
	29	29							
	30	30							
	31	31							
	32	32							
	33	33							
	34	34							
	35	35							
	36	36							
	37	37							
	38	38							
	39	39							
	40	40							
	41	41							
	42	42							
	43	43							
	44	44							
	45	45							
	46	46							
	47	47							
	48	48							
	49	49							
	50	50							

Name \_\_\_\_\_

SSN XXX-XX-XXXX

### Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
	13	13						
	14	14						
	15	15						
	16	16						
	17	17						
	18	18						
	19	19						
	20	20						
	21	21						
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	23	23						
	24	24						
	25	25						
	26	26						
	27	27						
	28	28						
	29	29						
	30	30						
	31	31						
	32	32						
	33	33						
	34	34						
	35	35						
	36	36						
	37	37						
	38	38						
	39	39						
	40	40						
	41	41						
	42	42						
	43	43						
	44	44						
	45	45						

Name \_\_\_\_\_

SSN XXX-XX-XXXX \_\_\_\_\_

### Seller Financed Mortgage Interest

		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 Name ..... SSN/EIN .....		
	Address .....	1	
<input type="checkbox"/>	2 Name ..... SSN/EIN .....		
	Address .....	2	
<input type="checkbox"/>	3 Name ..... SSN/EIN .....		
	Address .....	3	
<input type="checkbox"/>	4 Name ..... SSN/EIN .....		
	Address .....	4	
<input type="checkbox"/>	5 Name ..... SSN/EIN .....		
	Address .....	5	
<input type="checkbox"/>	6 Name ..... SSN/EIN .....		
	Address .....	6	
<input type="checkbox"/>	7 Name ..... SSN/EIN .....		
	Address .....	7	
<input type="checkbox"/>	8 Name ..... SSN/EIN .....		
	Address .....	8	
<input type="checkbox"/>	9 Name ..... SSN/EIN .....		
	Address .....	9	
<input type="checkbox"/>	10 Name ..... SSN/EIN .....		
	Address .....	10	
<input type="checkbox"/>	11 Name ..... SSN/EIN .....		
	Address .....	11	
<input type="checkbox"/>	12 Name ..... SSN/EIN .....		
	Address .....	12	
<input type="checkbox"/>	13 Name ..... SSN/EIN .....		
	Address .....	13	
<input type="checkbox"/>	14 Name ..... SSN/EIN .....		
	Address .....	14	
<input type="checkbox"/>	15 Name ..... SSN/EIN .....		
	Address .....	15	
<input type="checkbox"/>	16 Name ..... SSN/EIN .....		
	Address .....	16	
<input type="checkbox"/>	17 Name ..... SSN/EIN .....		
	Address .....	17	
<input type="checkbox"/>	18 Name ..... SSN/EIN .....		
	Address .....	18	
<input type="checkbox"/>	19 Name ..... SSN/EIN .....		
	Address .....	19	
<input type="checkbox"/>	20 Name ..... SSN/EIN .....		
	Address .....	20	
<input type="checkbox"/>	21 Name ..... SSN/EIN .....		
	Address .....	21	
<input type="checkbox"/>	22 Name ..... SSN/EIN .....		
	Address .....	22	
<input type="checkbox"/>	23 Name ..... SSN/EIN .....		
	Address .....	23	
<input type="checkbox"/>	24 Name ..... SSN/EIN .....		
	Address .....	24	

Name \_\_\_\_\_

SSN XXX-XX-XXXX

### Exclusion of Interest From Series EE and I US Savings Bonds Issued After 1989

If you cashed series EE or I U.S. savings bonds in 2008 that were issued after 1989, you may be able to exclude from your income part or all of the interest on those bonds.

- 1 Total tuition and fees paid . . . . . **1** .....
- 2 Nontaxable education benefits received . . . . . **2** .....
- 3 Enter total proceeds (principal and interest) from EE or I bonds issued after 1989 and cashed in 2008 . . . . . **3** .....
- 4 Enter the face value of all post - 1989 series EE bonds cashed in 2008 . . . . . **4** .....
- 5 Enter the face value of all series I bonds cashed in 2008 . . . . . **5** .....

**Name of person (you, your spouse, or your dependent) who was enrolled at or attended an eligible educational institution**

**Eligible Educational Institution**

	First Name	M I	Last Name
<b>1</b>	.....		
<b>2</b>	.....		
<b>3</b>	.....		

<b>1</b>	Name	.....
	Address	.....
	City, State, Zip	.....
<b>2</b>	Name	.....
	Address	.....
	City, State, Zip	.....
<b>3</b>	Name	.....
	Address	.....
	City, State, Zip	.....



Name \_\_\_\_\_

SSN XXX-XX-XXXX \_\_\_\_\_

### Alimony Received

\* F/S - enter ownership (F)iler or (S)pouse.

F/S*		Payer		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1		
<input type="checkbox"/>	2	.....	2		
<input type="checkbox"/>	3	.....	3		
<input type="checkbox"/>	4	.....	4		
<input type="checkbox"/>	5	.....	5		
<input type="checkbox"/>	6	.....	6		
<input type="checkbox"/>	7	.....	7		
<input type="checkbox"/>	8	.....	8		
<input type="checkbox"/>	9	.....	9		

### Alimony Paid

\* F/S - enter ownership (F)iler or (S)pouse.

F/S*		Recipient's Name	Recipient's SSN	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	.....		
<input type="checkbox"/>	2	.....	.....		
<input type="checkbox"/>	3	.....	.....		
<input type="checkbox"/>	4	.....	.....		
<input type="checkbox"/>	5	.....	.....		
<input type="checkbox"/>	6	.....	.....		
<input type="checkbox"/>	7	.....	.....		
<input type="checkbox"/>	8	.....	.....		
<input type="checkbox"/>	9	.....	.....		

Name \_\_\_\_\_

SSN XXX-XX-XXXX

### Self-Employed Business Income and Expenses (Schedule C-EZ)

Enter "X" in one box:  Filer  Spouse

#### General Information

- 1 Federal employer identification number ..... (do not enter Social Security Number)
- 2 Principal business or profession . . . . .
- 3 Business name . . . . .
- 4 Business address . . . . .
- City, state, zip . . . . . State \_\_\_\_\_ Zip \_\_\_\_\_

#### Business Income

\* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
5	Income reported on 1099 MISC . . . . .		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
6	.....		
7	.....		
8	.....		
9	.....		

#### Business Expenses

		Current Year Amount	Prior Year Amount
10	Business meals and entertainment . . . . .		
11	Enter "X" in the box if subject to DOT hours of service limits . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
12	.....		
13	.....		
14	.....		
15	.....		
16	.....		

Name \_\_\_\_\_

SSN XXX-XX-XXXX \_\_\_\_\_

Business \_\_\_\_\_

**Vehicle Information (Schedule C-EZ)**

		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . .	1			
2	Cost of vehicle . . . . .	2			
3	Total miles driven for the year . . . . .	3			
4	Business miles driven during the year . . . . .	4			
	January 1 to June 30 . . . . .				
	July 1 to December 31 . . . . .				
5	Parking fees and tolls . . . . .	5			
<b>Actual Expenses</b>					
6	Gasoline, oil and repairs . . . . .	6			
7	Vehicle registration fees . . . . .	7			
8	Vehicle lease or rental . . . . .	8			
9	Vehicle Insurance . . . . .	9			
10	.....	10			

		Vehicle 3 -		Vehicle 4 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . .	1			
2	Cost of vehicle . . . . .	2			
3	Total miles driven for the year . . . . .	3			
4	Business miles driven during the year . . . . .	4			
	January 1 to June 30 . . . . .				
	July 1 to December 31 . . . . .				
5	Parking fees and tolls . . . . .	5			
<b>Actual Expenses</b>					
6	Gasoline, oil and repairs . . . . .	6			
7	Vehicle registration fees . . . . .	7			
8	Vehicle lease or rental . . . . .	8			
9	Vehicle Insurance . . . . .	9			
10	.....	10			

Name \_\_\_\_\_

SSN XXX-XX-XXXX

### Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box:  Filer  Spouse  Joint

#### General Information

- 1 Employer Identification Number ..... (do not enter Social Security Number)
- 2 Principal business or profession .....
- 3 Business name . . . . .
- 4 Business address . . . . .
- 5 City . . . . . State \_\_\_\_\_ Zip \_\_\_\_\_

#### General Check Boxes (Enter "X" where applicable)

- 6 Accounting Method . . . . .  Cash  Accrual  Other - (Specify) .....
- 7 Did you "materially participate" in this business?  Yes  No
- 8 Check ('X') if you started or acquired this business in 2008.

#### Business Income

\* Report statutory income as W-2 income.

- 9 Income reported on 1099 MISC . . . . . 9  
Gross receipts or sales not reported on Form 1099 or Form W-2
- 10 .....
- 11 .....
- 12 .....
- 13 .....
- 14 Returns and allowances . . . . . 14
- 15 Other income . . . . . 15

	Current Year Amount	Prior Year Amount
9		
10		
11		
12		
13		
14		
15		

#### Inventory (Enter "X" where applicable)

- 16 Method(s) used to value closing inventory . . .  Cost  Lower of cost or market  Other
- 17 Any change in determining quantities, costs, or valuations between opening and closing inventory?  Yes  No

- 18 Inventory at the beginning of year . . . . . 18
- 19 Purchases less cost of items withdrawn for personal use . . . . . 19
- 20 Cost of labor . . . . . 20
- 21 Materials and supplies . . . . . 21
- 22 Other Costs . . . . . 22
- 23 Inventory at end of year . . . . . 23

	Current Year Amount	Prior Year Amount
18		
19		
20		
21		
22		
23		

#### Assets Placed in Service This Year

Description:

- A .....
- B .....
- C .....
- D .....
- E .....
- F .....
- G .....

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

Name \_\_\_\_\_

SSN XXX-XX-XXXX

Business \_\_\_\_\_

### Self-Employed Business Expenses Cont. (Schedule C)

		Current Year Amount	Prior Year Amount
<b>Expenses</b>			
41 Advertising . . . . .	41		
42 Contract labor . . . . .	42		
43 Commissions and fees . . . . .	43		
44 Depletion . . . . .	44		
45 Employee benefit programs (other than on line 51) . . . . .	45		
46 Insurance (other than health) . . . . .	46		

**Interest:**

47 Mortgage (paid to banks, etc.) . . . . .	47		
48 Other . . . . .	48		

49 Legal and professional services . . . . .	49		
50 Office expense . . . . .	50		
51 Pension and profit-sharing plans . . . . .	51		

**Rent or Lease:**

52 Machinery rental or lease . . . . .	52		
53 Equipment rental or lease . . . . .	53		
54 . . . . .	54		
55 . . . . .	55		
56 . . . . .	56		
Other business property rental or lease			
57 . . . . .	57		
58 . . . . .	58		
59 . . . . .	59		

60 Repairs and maintenance . . . . .	60		
61 Supplies (not included in inventory cost of goods sold) . . . . .	61		
62 Taxes and licenses . . . . .	62		

**Travel, Meals, and Entertainment:**

Travel

63 . . . . .	63		
64 . . . . .	64		
65 . . . . .	65		
66 . . . . .	66		

Meals and entertainment

67 Enter "X" in the box if subject to DOT hours of service limits . . . . .	67	<input type="checkbox"/>	<input type="checkbox"/>
68 . . . . .	68		
69 . . . . .	69		
70 . . . . .	70		
71 . . . . .	71		

72 Utilities . . . . .	72		
73 Wages . . . . .	73		

**Other Expenses**

74 . . . . .	74		
75 . . . . .	75		
76 . . . . .	76		
77 . . . . .	77		
78 . . . . .	78		
79 . . . . .	79		
80 . . . . .	80		
81 . . . . .	81		
82 . . . . .	82		

Name \_\_\_\_\_

SSN XXX-XX-XXXX \_\_\_\_\_

Business \_\_\_\_\_

**Vehicle Information (Schedule C)**

		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . 3				
4	Business miles driven during the year . 4				
	January 1 to June 30 . . . . .				
	July 1 to December 31 . . . . .				
5	Parking fees and tolls . . . . . 5				
<b>Actual expenses</b>					
6	Gasoline, oil and repairs . . . . . 6				
7	Vehicle registration fees . . . . . 7				
8	Vehicle lease or rental . . . . . 8				
9	Vehicle Insurance . . . . . 9				
10	..... 10				

		Vehicle 3 -		Vehicle 4 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . 3				
4	Business miles driven during the year . 4				
	January 1 to June 30 . . . . .				
	July 1 to December 31 . . . . .				
5	Parking fees and tolls . . . . . 5				
<b>Actual expenses</b>					
6	Gasoline, oil and repairs . . . . . 6				
7	Vehicle registration fees . . . . . 7				
8	Vehicle lease or rental . . . . . 8				
9	Vehicle Insurance . . . . . 9				
10	..... 10				



Name \_\_\_\_\_

SSN XXX-XX-XXXX

### Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
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30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					

Name \_\_\_\_\_

SSN XXX-XX-XXXX

### Installment Sale Income

#### New Sale (Only)

**Note:** If the property was sold this year complete the New Sale section.

Description	Selling price including mortgages DO NOT include interest	Mortgages the buyer assumed	Cost or other basis of property	Commissions and other expenses of sale
1 .....	.....	.....	.....	.....
2 .....	.....	.....	.....	.....
3 .....	.....	.....	.....	.....
4 .....	.....	.....	.....	.....
5 .....	.....	.....	.....	.....
6 .....	.....	.....	.....	.....

Description	Date Acquired	Date Sold	Interest	Principal
1 .....	.....	.....	.....	.....
2 .....	.....	.....	.....	.....
3 .....	.....	.....	.....	.....
4 .....	.....	.....	.....	.....
5 .....	.....	.....	.....	.....
6 .....	.....	.....	.....	.....

#### Prior Year Sale (Only)

**Note:** If the property was sold in a previous year complete the Prior Year Sale section below.

Description	Date Acquired	Date Sold	Payments Received in 2008	
			Interest	Principal
1 .....	.....	.....	.....	.....
2 .....	.....	.....	.....	.....
3 .....	.....	.....	.....	.....
4 .....	.....	.....	.....	.....
5 .....	.....	.....	.....	.....
6 .....	.....	.....	.....	.....

Description	Gross profit percentage	Payments received in prior years (DO NOT include interest)
1 .....	.....	.....
2 .....	.....	.....
3 .....	.....	.....
4 .....	.....	.....
5 .....	.....	.....
6 .....	.....	.....

Name \_\_\_\_\_

SSN XXX-XX-XXXX \_\_\_\_\_

### Real Estate Rentals and Royalties

Kind of Property .....  
Address .....  
City ..... State ..... Zip .....

	Current Year Info	Prior Year Info
1 Owner of property (Enter Filer, Spouse, or Joint) . . . . . 1		
2 Enter "X" if you actively participated? . . . . . 2	<input type="checkbox"/>	<input type="checkbox"/>
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . . 3	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> If entered ("X"), enter the number of days of personal use? . . . . . 3a	<input type="text"/>	<input type="text"/>
<b>3b</b> If entered ("X"), enter the number of days rented? . . . . . 3b	<input type="text"/>	<input type="text"/>

### Income

	Current Year Amounts	Prior Year Amounts
4 Royalty received . . . . . 4		
5 Rent received . . . . . 5		
<b>5a</b> If rental real estate, enter the percent of ownership if less than 100% . . . . . 5a		
<b>5b</b> Rental use percentage for property used partially for personal use only . . . . . 5b		

### Property Expense

	Current Year Amounts	Prior Year Amounts
6 Advertising . . . . . 6		
7 Cleaning and maintenance . . . . . 7		
8 Commissions . . . . . 8		
9 Insurance . . . . . 9		
10 Legal and other professional fees . . . . . 10		
11 Management fees . . . . . 11		
12 a Qualified mortgage interest paid to banks, etc. . . . . 12a		
b Other mortgage interest paid to banks, etc. . . . . 12b		
13 Other interest . . . . . 13		
14 Repairs . . . . . 14		
15 Supplies . . . . . 15		
16 a Real estate taxes . . . . . 16a		
b Other Taxes . . . . . 16b		
17 Utilities . . . . . 17		

### Assets Placed in Service This Year

Description:	Date Placed In Service	Purchase Amount
A .....	A	
B .....	B	
C .....	C	
D .....	D	
E .....	E	
F .....	F	
G .....	G	

Name \_\_\_\_\_

SSN XXX-XX-XXXX \_\_\_\_\_

Property \_\_\_\_\_

### Other Expenses (Schedule E)

#### Other Expense

18 .....

19 .....

20 .....

21 .....

22 .....

23 .....

24 .....

25 .....

	Current Year	Prior Year
18		
19		
20		
21		
22		
23		
24		
25		

#### Travel Expenses

26 .....

27 .....

28 .....

29 .....

30 .....

31 .....

32 .....

33 .....

	Current Year	Prior Year
26		
27		
28		
29		
30		
31		
32		
33		

#### Meals and Entertainment Expense

34 .....

35 .....

36 .....

37 .....

38 .....

39 .....

40 .....

41 .....

	Current Year	Prior Year
34		
35		
36		
37		
38		
39		
40		
41		

Name \_\_\_\_\_

SSN XXX-XX-XXXX \_\_\_\_\_

Property \_\_\_\_\_

**Vehicle Information (Schedule E)**

		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . .	1			
2	Cost of vehicle . . . . .	2			
3	Total miles driven for the year . . . . .	3			
4	Business miles driven during the year . . . . .	4			
	January 1 to June 30 . . . . .				
	July 1 to December 31 . . . . .				
5	Parking fees and tolls . . . . .	5			
<b>Actual expenses</b>					
6	Gasoline, oil and repairs . . . . .	6			
7	Vehicle registration fees . . . . .	7			
8	Vehicle lease or rental . . . . .	8			
9	Vehicle Insurance . . . . .	9			
10	.....	10			

		Vehicle 3 -		Vehicle 4 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . .	1			
2	Cost of vehicle . . . . .	2			
3	Total miles driven for the year . . . . .	3			
4	Business miles driven during the year . . . . .	4			
	January 1 to June 30 . . . . .				
	July 1 to December 31 . . . . .				
5	Parking fees and tolls . . . . .	5			
<b>Actual expenses</b>					
6	Gasoline, oil and repairs . . . . .	6			
7	Vehicle registration fees . . . . .	7			
8	Vehicle lease or rental . . . . .	8			
9	Vehicle Insurance . . . . .	9			
10	.....	10			

Name \_\_\_\_\_

SSN XXX-XX-XXXX \_\_\_\_\_

### K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

\*F/S/J Entity Name

Enter "S" if K1 (1120S)  
Enter "P" if K1 (1065)  
Enter "E" if K1 (1041)

Unreimbursed  
Partnership Exp.  
Current Year

1	.....		1
2	.....		2
3	.....		3
4	.....		4
5	.....		5
6	.....		6
7	.....		7
8	.....		8
9	.....		9
10	.....		10
11	.....		11
12	.....		12
13	.....		13
14	.....		14
15	.....		15
16	.....		16
17	.....		17
18	.....		18
19	.....		19
20	.....		20
21	.....		21
22	.....		22
23	.....		23
24	.....		24
25	.....		25
26	.....		26
27	.....		27
28	.....		28
29	.....		29
30	.....		30
31	.....		31
32	.....		32
33	.....		33
34	.....		34
35	.....		35
36	.....		36
37	.....		37
38	.....		38
39	.....		39
40	.....		40
41	.....		41
42	.....		42
43	.....		43
44	.....		44
45	.....		45
46	.....		46
47	.....		47
48	.....		48
49	.....		49
50	.....		50



**Miscellaneous Income**

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state . . . . .			1		
2 Unemployment compensation . . . . .			2		
3 Prizes and awards . . . . .			3		
4 Scholarships and fellowships . . . . .			4		
5 Bartering income . . . . .			5		
6 Fees received for jury duty . . . . .			6		
7 Income from rental of personal property, if not in the business of renting such property . . . . .			7		
8 Precinct election board duty . . . . .			8		
9 Alaska Permanent Fund Dividends . . . . .			9		
10 -----			10		
11 -----			11		
12 -----			12		
13 Other income not provided for in this Organizer			13		

**Adjustments to Income**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses . . . . .	1		
<input type="checkbox"/>	2	Student loan interest . . . . .	2		
<input type="checkbox"/>	3	Health Savings account deduction . . . . .	3		
<input type="checkbox"/>	4	Moving expenses . . . . .	4		
<input type="checkbox"/>	5	Self-employed SEP, SIMPLE, or other qualified plans . . . . .	5		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings . . . . .	6		
<input type="checkbox"/>	7	Tuition and fees deduction . . . . .	7		

**Miscellaneous Deductions**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses . . . . .	1		
<input type="checkbox"/>	2	Foreign housing deduction . . . . .	2		
<input type="checkbox"/>	3	Jury duty pay given to your employer . . . . .	3		
<input type="checkbox"/>	4	Reforestation amortization . . . . .	4		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974 . . . . .	5		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18) pension plans . . . . .	6		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions. . . . .	7		
<input type="checkbox"/>	8	Employee business expenses of fee-basis state or local government officials	8		
<input type="checkbox"/>	9	Expenses from the rental of personal property but were not in the business of renting such property . . . . .	9		
<input type="checkbox"/>	10	Contributions by chaplains to section 403(b) plans . . . . .	10		
<input type="checkbox"/>	11	Archer MSA deduction . . . . .	11		
<input type="checkbox"/>	12	-----	12		
<input type="checkbox"/>	13	-----	13		



Name \_\_\_\_\_

SSN XXX-XX-XXXX \_\_\_\_\_

### IRA Contribution Information

#### Traditional IRA Contributions

**Filer**

- 1 Enter total traditional IRA contributions made for 2008 . . . . . 1
- 2 Enter contributions, on line 1, made after 12/31/2008 and before 04/15/2009 . . . . . 2
- 3 Enter value of all traditional IRAs as of 12/31/2008 . . . . . 3

Current Year Amount	Prior Year Amount

**Spouse**

- 4 Enter total traditional IRA contributions made for 2008 . . . . . 4
- 5 Enter contributions, on line 4, made after 12/31/2008 and before 04/15/2009 . . . . . 5
- 6 Enter value of all traditional IRAs on 12/31/2008 . . . . . 6


#### Roth Contributions

**Filer**

- 1 Enter 2008 Roth IRA contributions . . . . . 1
- 2 Enter value of all Roth IRAs on 12/31/2008 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2008 Roth IRA contributions . . . . . 3
- 4 Enter value of all Roth IRAs on 12/31/2008 . . . . . 4


#### SIMPLE IRA

**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2008 . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Enter value of all SIMPLE IRAs on 12/31/2008 . . . . . 2

--	--

#### Education IRA (Coverdell ESA)

**Filer**

- 1 Enter 2008 Coverdell ESA contributions . . . . . 1
- 2 Enter value of the Coverdell ESA on 12/31/2008 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2008 Coverdell ESA contributions . . . . . 3
- 4 Enter value of the Coverdell ESA on 12/31/2008 . . . . . 4


Name \_\_\_\_\_

SSN XXX-XX-XXXX

**Medical and Dental - Itemized Deductions**

		<b>Current Year Amount</b>	<b>Prior Year Amount</b>
<b>1</b>	Health/Dental/Other ins. premiums (do not include self-employed plans)	<b>1</b>	
<b>2</b>	Health insurance premiums - coverage established under your business (1)	<b>2</b>	
<b>3</b>	Health insurance premiums - coverage established under your business (2)	<b>3</b>	
<b>4</b>	Long Term Care insurance premiums (taxpayer)	<b>4</b>	
<b>5</b>	Long Term Care insurance premiums (spouse)	<b>5</b>	
<b>6</b>	Prescription medications	<b>6</b>	
<b>7</b>	Fees for doctors, dentists, etc.	<b>7</b>	
<b>8</b>	Fees for hospitals, clinics, etc.	<b>8</b>	
<b>9</b>	Lab and X-ray fees	<b>9</b>	
<b>10</b>	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.	<b>10</b>	
<b>11</b>	Medical equipment and supplies	<b>11</b>	
<b>12</b>	Lodging for medical purposes (up to \$50 per night per person)	<b>12</b>	
<b>13</b>	Expenses to stop smoking	<b>13</b>	
<b>14</b>	Medical mileage (number of miles driven)	<b>14</b>	
	January 1 to June 30		
	July 1 to December 31		
<b>15</b>	Medical parking, tolls and local transportation	<b>15</b>	
<b>16</b>	.....	<b>16</b>	
<b>17</b>	.....	<b>17</b>	
<b>18</b>	.....	<b>18</b>	
<b>19</b>	.....	<b>19</b>	
<b>20</b>	Insurance reimbursement for any medical and dental expense listed above	<b>20</b>	

Name \_\_\_\_\_

SSN XXX-XX-XXXX \_\_\_\_\_

**Taxes - Itemized Deductions**

**Real Estate Taxes**

22 Principal residence . . . . . 22

**Real Estate Not Held For Investment**

23 ..... 23

24 ..... 24

25 ..... 25

26 ..... 26

27 ..... 27

**Real Estate Held For Investment**

28 ..... 28

29 ..... 29

30 ..... 30

31 ..... 31

32 ..... 32

---

33 Personal property taxes . . . . . 33

**Other Taxes**

34 ..... 34

35 ..... 35

36 ..... 36

---

Current Year Amount	Prior Year Amount



--	--




Name \_\_\_\_\_

SSN XXX-XX-XXXX \_\_\_\_\_

**Unreimbursed Employee Expenses - Itemized Deductions**

Current Year Amount	Prior Year Amount
---------------------	-------------------

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

47	Union dues . . . . .	47		
48	Professional journals and subscriptions . . . . .	48		
49	Uniform and protective clothing costs and cleaning . . . . .	49		
50	Job search costs (resumes, travel, postage, etc.) . . . . .	50		
51	.....	51		
52	.....	52		
53	.....	53		
54	.....	54		
55	.....	55		
56	.....	56		
57	.....	57		

**Other Miscellaneous Expenses - Itemized Deductions**

If investment related enter "X"

Current Year Amount	Prior Year Amount
---------------------	-------------------

58	Certain attorney and accounting fees . . . . .	<input type="checkbox"/>	58		
59	Safe deposit box rental . . . . .	<input type="checkbox"/>	59		
60	IRA Custodial fees . . . . .	<input type="checkbox"/>	60		
61	Investment counsel and advisory fees . . . . .	<input type="checkbox"/>	61		
62	.....	<input type="checkbox"/>	62		
63	.....	<input type="checkbox"/>	63		
64	.....	<input type="checkbox"/>	64		
65	.....	<input type="checkbox"/>	65		
66	.....	<input type="checkbox"/>	66		
67	.....	<input type="checkbox"/>	67		
68	.....	<input type="checkbox"/>	68		
69	.....	<input type="checkbox"/>	69		
70	.....	<input type="checkbox"/>	70		
71	.....	<input type="checkbox"/>	71		
72	.....	<input type="checkbox"/>	72		
73	.....	<input type="checkbox"/>	73		

**Other Miscellaneous Deductions**

74	Tax preparation fees . . . . .	74		
75	Gambling losses (if gambling income) . . . . .	75		
76	Amortizable bond premiums on bonds acquired before 10/23/86 . . . . .	76		
77	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction . . . . .	77		
78	.....	78		
79	.....	79		
80	.....	80		
81	.....	81		
82	.....	82		
83	.....	83		
84	.....	84		



Name \_\_\_\_\_

SSN XXX-XX-XXXX

**Noncash Charitable Contributions (Total of Contributions more than \$500)**

**Information on Donated Property**

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
<b>1</b>	Name Address	
<b>2</b>	Name Address	
<b>3</b>	Name Address	
<b>4</b>	Name Address	
<b>5</b>	Name Address	

**Note:** If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						

Name \_\_\_\_\_

SSN XXX-XX-XXXX

### Unreimbursed Employee Business Expenses - Short Form

Enter "X" in one box: Occupation in which you incurred these expenses .....

- Filer
- Spouse

#### Meals and Entertainment

		Current Year Amount	Prior Year Amount
1	Meals and entertainment expenses . . . . .		
2	Enter "X" in the box if subject to DOT hours of service limits . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

#### Other Expenses

3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work . . . . .	3		
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment . . . . .	4		
5	Other Expenses (Do not include meals and entertainment) . . . . .	5		

Vehicle Information	Vehicle 1 -		Vehicle 2 -	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
6 Date vehicle was placed in service . . . . .	6			
7 Cost of vehicle . . . . .	7			
8 Total miles driven for the year . . . . .	8			
9 Business miles driven during the year	9			
January 1 to June 30 . . . . .				
July 1 to December 31 . . . . .				
10 Commuting miles (included in total miles driven for the year) . . . . .	10			

Name \_\_\_\_\_

SSN XXX-XX-XXXX \_\_\_\_\_

### Employee Business Expenses

Enter "X" in one box: Occupation in which you incurred the expenses .....

Filer

Spouse

#### Meals and Entertainment

		Current Year Amount	Prior Year Amount
1	Meals and entertainment expenses . . . . .		
2	Enter "X" in the box if subject to DOT hours of service limits . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

#### Travel Expenses

3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work. . . . .	3		
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment. . . . .	4		

#### Other Employment Related Expenses

5	Business gifts . . . . .	5		
6	Employment related education expenses . . . . .	6		
7	Trade publications . . . . .	7		
8	.....	8		
9	.....	9		
10	.....	10		
11	.....	11		
12	.....	12		

#### Vehicle 1 -

#### Vehicle 2 -

#### Vehicle Information

	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
13	Date vehicle was placed in service . . . . .	13		
14	Cost of vehicle . . . . .	14		
15	Total miles driven for the year . . . . .	15		
16	Business miles driven during the year	16		
	January 1 to June 30 . . . . .			
	July 1 to December 31 . . . . .			
17	Average daily roundtrip commuting miles . . . . .	17		
18	Commuting miles (included in total miles driven for the year) . . . . .	18		

#### If claiming actual expenses continue:

19	Gasoline, oil, repairs and vehicle insurance . . . . .	19		
20	Vehicle lease or rental . . . . .	20		
21	Value of employer-provided vehicle (if 100% is included in W-2) . . . . .	21		

Name \_\_\_\_\_

SSN XXX-XX-XXXX

### Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2007 and paid in 2008 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

### Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2008
<b>3</b>	.....	.....	.....	.....	.....
<b>4</b>	.....	.....	.....	.....	.....
<b>5</b>	.....	.....	.....	.....	.....

### Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2008
<b>6</b>	First: _____	.....	SSN: _____ EIN: _____	
	Last: _____	City: .....		
	Business: _____	State:      Zip: .....		
<b>7</b>	First: _____	.....	SSN: _____ EIN: _____	
	Last: _____	City: .....		
	Business: _____	State:      Zip: .....		
<b>8</b>	First: _____	.....	SSN: _____ EIN: _____	
	Last: _____	City: .....		
	Business: _____	State:      Zip: .....		
<b>9</b>	First: _____	.....	SSN: _____ EIN: _____	
	Last: _____	City: .....		
	Business: _____	State:      Zip: .....		
<b>10</b>	First: _____	.....	SSN: _____ EIN: _____	
	Last: _____	City: .....		
	Business: _____	State:      Zip: .....		

Name \_\_\_\_\_

SSN XXX-XX-XXXX

### Adoption Expenses

**1 Provide the Following Information on Each Eligible Child**

First Name		Last Name		Child's Year of Birth	Enter "X" if Child Was:			Child's Identifying Number (SSN or ATIN)
					Born BEFORE 1991 and Disabled	A Child With Special Needs	A Foreign Child	
<b>1st Child</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2nd Child</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- 2** Expenses you paid in 2007 . . . . . **2**
- 3** Expenses you paid in 2008, if the adoption was final in 2008 . . . . . **3**
- 4** Expenses you paid in 2008, if the adoption was final before 2008 . . . . . **4**

1st Child	2nd Child

Enter "X" in the appropriate box

- 5** Did you receive Employer-Provided-Adoption-Benefits in a prior year? . . . . . **5**

Yes       No



Name \_\_\_\_\_

SSN XXX-XX-XXXX \_\_\_\_\_

### Household Employment Taxes

Enter "X" in one box:

Filer

Employer Identification Number \_\_\_\_\_

Spouse

A household employee, generally, does not include spouse, children, parents or a person under age 18.

### Social Security, Medicare, and Income Taxes

Enter "X" in the appropriate boxes

1 Did you pay ANY ONE household employee cash wages of \$1,500 or more in 2008? . . . . . 1  Yes  No  
If yes, skip to line 4.

2 Did you withhold Federal income tax during 2008 for any household employees? . . . . . 2  Yes  No  
If yes, skip to line 5.

3 Did you pay TOTAL cash wages of \$1,000 or more in ANY calendar QUARTER  
of 2007 or 2008 to household employees? . . . . . 3  Yes  No

		Current Year Amount	Prior Year Amount
4	Enter the total amount of wages paid to all employees, who were each paid in excess of \$1,500 during the year. . . . .		
5	Total Federal income tax withheld . . . . .		
6	Advanced earned income credit payments . . . . .		

### Unemployment Tax - If wages above were in excess of \$1,000 in any one quarter, include the following information:

Enter "X" in the appropriate boxes

7 Did you pay unemployment contributions to only one state? . . . . . 7  Yes  No  
(If 'Yes' complete Section A, otherwise fill out Section B)

8 Did you pay all state unemployment contributions by April 15, 2009? . . . . . 8  Yes  No

9 Were all wages that are taxable for federal unemployment also taxable  
for your state unemployment tax? . . . . . 9  Yes  No

### Section A

10	Name of State where you paid unemployment contributions . . . . .	10	
11	State reporting number as shown on State unemployment return . . . . .	11	
12	Amount of contributions paid to the State unemployment fund . . . . .	12	
13	Total cash wages subject to FUTA . . . . .	13	

### Section B

			State Unemployment	State Unemployment
14	Name of State where you paid unemployment contributions . . . . .	14		
15	State reporting number as shown on State unemployment return . . . . .	15		
16	Wages, subject to state unemployment tax, reported to State . . . . .	16		
17	State experience rate . . . . .	17		
18	State experience rate period a. From . . . . .	18a		
	b. To . . . . .		18b	
19	Amount of contributions paid to the State unemployment fund . . . . .	19		